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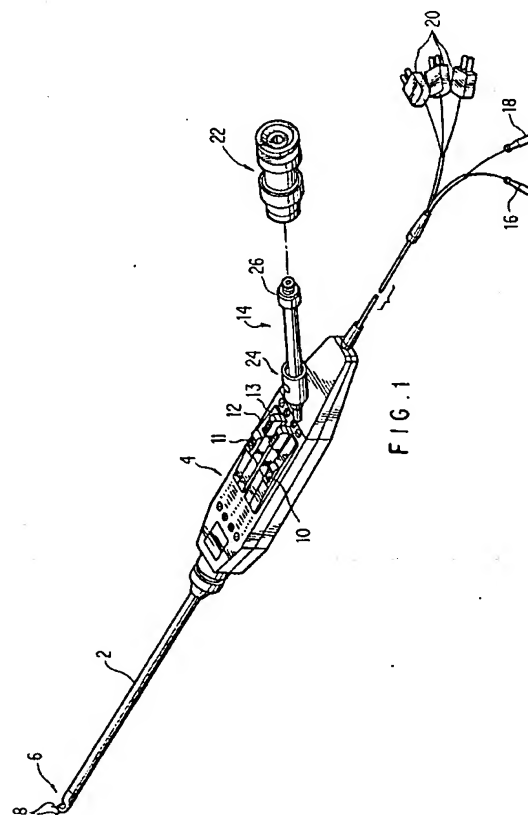
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**Medical probe.**

A medical probe device of this invention comprising a catheter having a control end and a probe end. The probe end includes a stylet guide housing having at least one stylet port and stylet guide means for directing a flexible stylet outward through at least one stylet port and through intervening tissue to targeted tissues. A stylet is positioned in at least one of said stylet guide means, the stylet comprising a non-conductive sleeve having a RF electrode lumen and an optional a fluid supply lumen and a temperature sensor lumen therein. At least one portion of an opposed surface of the electrode lumen and the electrode can be spaced apart to define a liquid supply passageway for delivery of medicament liquid. The RF electrode enclosed within the non-conductive sleeve has a distal length optionally having at least one current focusing groove means thereon and a distal tip shaped to focus current crowding on its terminal end, whereby Rf current passing therefrom into surrounding tissue forms a lesion extending outward from the groove and tip. The focusing groove means can be a plurality of annular focusing grooves or a spiral focusing groove thereon.



EP 0 628 288 A2

This invention is directed to a device for penetrating body tissues for medical purposes such as tissue ablation and fluid substance delivery, for example. The device penetrates tissue to the precise target selected in order to deliver energy to the tissue and/or deliver substances. It limits this treatment to the precise preselected site, thereby minimizing trauma to normal surrounding tissue and achieving a greater medical benefit. This device is a catheter-like device for positioning a treatment assembly in the area or organ selected for medical treatment with one or more stylets in the catheter, mounted for extension from a stylet port in the side of the catheter through surrounding tissue to the tissue targeted for medical intervention.

### BACKGROUND OF THE INVENTION

Treatment of cellular tissues usually requires direct contact of target tissue with a medical instrument, usually by surgical procedures exposing both the target and intervening tissue to substantial trauma. Often, precise placement of a treatment probe is difficult because of the location of targeted tissues in the body or the proximity of the target tissue to easily damaged, critical body organs, nerves, or other components.

Benign prostatic hypertrophy or hyperplasia (BPH), for example, is one of the most common medical problems experienced by men over 50 years old. Urinary tract obstruction due to prostatic hyperplasia has been recognized since the earliest days of medicine. Hyperplastic enlargement of the prostate gland often leads to compression of the urethra, resulting in obstruction of the urinary tract and the subsequent development of symptoms including frequent urination, decrease in urinary flow, nocturia, pain, discomfort, and dribbling. The association of BPH with aging has been shown to exceed 50% in men over 50 years of age and increases in incidence to over 75% in men over 80 years of age. Symptoms of urinary obstruction occur most frequently between the ages of 65 and 70 when approximately 65% of men in this age group have prostatic enlargement.

Currently there is no proven effective nonsurgical method of treatment of BPH. In addition, the surgical procedures available are not totally satisfactory. Currently patients suffering from the obstructive symptoms of this disease are provided with few options: continue to cope with the symptoms (i.e., conservative management), submit to drug therapy at early stages, or submit to surgical intervention. More than 430,000 patients per year undergo surgery for removal of prostatic tissue in the United States. These represent less than five percent of men exhibiting clinical significant symptoms.

Those suffering from BPH are often elderly men, many with additional health problems which increase

the risk of surgical procedures. Surgical procedures for the removal of prostatic tissue are associated with a number of hazards including anesthesia related morbidity, hemorrhage, coagulopathies, pulmonary emboli and electrolyte imbalances. These procedures performed currently can also lead to cardiac complications, bladder perforation, incontinence, infection, urethral or bladder neck stricture, retention of prostatic chips, retrograde ejaculation, and infertility. Due to the extensive invasive nature of the current treatment options for obstructive uropathy, the majority of patients delay definitive treatment of their condition. This circumstance can lead to serious damage to structures secondary to the obstructive lesion in the prostate (bladder hypertrophy, hydronephrosis, dilation of the kidney pelves, chronic infection, dilation of ureters, etc.) which is not without significant consequences. In addition, a significant number of patients with symptoms sufficiently severe to warrant surgical intervention are therefore poor operative risks and are poor candidates for prostatectomy. In addition, younger men suffering from BPH who do not desire to risk complications such as infertility are often forced to avoid surgical intervention. Thus the need, importance and value of improved surgical and non-surgical methods for treating BPH is unquestionable.

High-frequency currents are used in electrocautery procedures for cutting human tissue especially when a bloodless incision is desired or when the operating site is not accessible with a normal scalpel but presents an access for a thin instrument through natural body openings such as the esophagus, intestines or urethra. Examples include the removal of prostatic adenomas, bladder tumors or intestinal polyps. In such cases, the high-frequency current is fed by a surgical probe into the tissue to be cut. The resulting dissipated heat causes boiling and vaporization of the cell fluid at this point, whereupon the cell walls rupture and the tissue is separated.

Destruction of cellular tissues *in situ* has been used in the treatment of many diseases and medical conditions alone or as an adjunct to surgical removal procedures. It is often less traumatic than surgical procedures and may be the only alternative where other procedures are unsafe. Ablative treatment devices have the advantage of using an electromagnetic energy which is rapidly dissipated and reduced to a non-destructive level by conduction and convection forces of circulating fluids and other natural body processes.

Microwave, radiofrequency, acoustical (ultrasound) and light energy (laser) devices, and tissue destructive substances have been used to destroy malignant, benign and other types of cells and tissues from a wide variety of anatomic sites and organs. Tissues treated include isolated carcinoma masses and, more specifically, organs such as the prostate, gland-

ular and stromal nodules characteristic of benign prostatic hyperplasia. These devices typically include a catheter or cannula which is used to carry a radio-frequency electrode or microwave antenna through a duct to the zone of treatment and apply energy diffusely through the duct wall into the surrounding tissue in all directions. Severe trauma is often sustained by the duct wall during this cellular destruction process, and some devices combine cooling systems with microwave antennas to reduce trauma to the ductal wall. For treating the prostate with these devices, for example, heat energy is delivered through the walls of the urethra into the surrounding prostate cells in an effort to ablate the tissue causing the constriction of the urethra. Light energy, typically from a laser, is delivered to prostate tissue target sites by "burning through" the wall of the urethra. Healthy cells of the duct wall and healthy tissue between the nodules and duct wall are also indiscriminately destroyed in the process and can cause unnecessary loss of some prostate function. Furthermore, the added cooling function of some microwave devices complicates the apparatus and requires that the device be sufficiently large to accommodate this cooling system.

Application of liquids to specific tissues for medical purposes is limited by the ability to obtain delivery without traumatizing intervening tissue and to effect a delivery limited to the specific target tissue. Localized chemotherapy, drug infusions, collagen injections, or injections of agents which are then activated by light, heat or chemicals would be greatly facilitated by a device which could conveniently and precisely place a fluid (liquid or gas) supply catheter opening at the specific target tissue.

## OBJECTS AND SUMMARY OF THE INVENTION

It is an object of this invention to provide a device and method for penetrating tissue, through intervening tissues to the precise target tissue selected for a medical action such as tissue ablation and/or substance delivery, limiting this activity to the precise preselected site, thereby minimizing the trauma and achieving a greater medical benefit.

It is another object of this invention is to provide a device and method for tissue ablation of body tissues which delivers the therapeutic energy directly into targeted tissues while minimizing effects on its surrounding tissue.

It is a still further object of this invention is to provide a device and method for introducing fluid treatment agents such as flowable liquids and gases, with greater precision and ease to a specific location in the body.

Another object of this invention is to provide a thermal destruction device which gives the operator more information about the temperature and other conditions created in both the tissue targeted for

treatment and the surrounding tissue. In addition, it will provide more control over the physical placement of the stylet and over the parameters of the tissue ablation process.

In summary, the medical probe device of this invention comprises a catheter having a control end and a probe end. The probe end includes a stylet guide housing having at least one stylet port and stylet guide means for directing a flexible stylet outward through at least one stylet port and through intervening tissue to targeted tissues. A stylet is positioned in at least one of said stylet guide means, the stylet comprising a non-conductive sleeve having at least two and preferably three lumina therein. An RF electrode lumen terminates at a distal port in the distal end of the non-conductive sleeve, and a radiofrequency electrode is positioned in the RF electrode lumen for longitudinal movement therein through the distal port. Preferably, at least one portion of an opposed surface of the electrode lumen and the electrode are spaced apart to define a liquid supply passageway for delivery of medicament liquid. A second optional fluid passage lumen terminates at a distal port in the distal end of the non-conductive sleeve and comprises means passing fluid therethrough.

A temperature sensor third lumen terminates in a sealed closure adjacent the distal end of the non-conductive sleeve. At least one and preferably a plurality of temperature sensing devices such as thermocouples are positioned in the third lumen, the leads extending through the lumen. One preferred embodiment has two temperature sensing devices positioned in the third lumen, one temperature sensing device being positioned within about 1 mm of the distal end of the non-conductive sleeve, and the second temperature sensing device being positioned at least 3 mm and preferably from 3 to 6 mm from the distal end of the non-conductive sleeve.

In summary, another embodiment of this invention comprises a catheter having a control end and a probe end, the probe end including a stylet guide housing having at a stylet port and stylet guide means for directing a flexible stylet outward through the stylet port and through intervening tissue to targeted tissues. A stylet is positioned in at least one of said stylet guide means, the stylet comprising an electrical conductor enclosed within a non-conductive sleeve. The electrode has a distal length having at least one current focusing groove means thereon and a distal tip shaped to focus current on its terminal end, whereby RF current passing therefrom into surrounding tissue forms a lesion extending outward from the groove and tip. In one preferred embodiment, the distal length has a plurality of annular focusing grooves or a spiral focusing groove thereon.

Preferably at least a part of the electrode is enclosed within a support tube having sufficient strength to maintain electrode linearity when the

electrode is directed outward through the stylet port.

## BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is an isometric view of an RF ablation catheter embodiment of this invention with an fiber optic viewing accessory.

Fig. 2 is a cross-sectional view of a catheter of Fig. 1 showing details of the stylet guide housing.

Fig. 3 is a side view of the stylet and lumen assembly of this invention.

Fig. 4 is a cross-sectional side view of the of the junction of the stylet and control tube assembly taken along the central axis of the tubing.

Fig. 5 is a cross-sectional view of the junction of the stylet and control tube assembly taken along the line B-B of Fig. 4.

Fig. 6 is a cross-sectional view of a trilumen stylet of this invention taken along the line A-A in Fig. 3.

Fig. 7 is a cross-sectional side view of the trilumen stylet tip shown in Fig. 3 taken along line C-C of Fig. 6.

Fig. 8 is a plane view of the annular groove embodiment of the current density focusing electrode of this invention.

Fig. 9 is a plane view of the spiral groove embodiment of the current density focusing electrode of this invention. position and the sleeve partially retracted therefrom.

Fig. 10 is an exploded view of the RF ablation catheter shown in Fig. 1.

Fig. 11 is an isometric view of the adjuster block and tension tube assembly of the RF ablation catheter shown in Fig. 10.

Fig. 12 is a detailed view "A" of the tension tube connections shown in Fig. 11.

Fig. 13 is an exploded view of the sleeve and electrode slide block assembly of the embodiment shown in Fig. 10.

## DETAILED DESCRIPTION OF THE INVENTION

The device of this invention provides a precise controlled positioning of a treatment stylet in a tissue targeted for treatment, destruction or sampling from a catheter positioned in the vicinity of the target tissue.

The term "stylet" as used hereinafter is defined to include both solid and hollow probes which are adapted to be passed from a catheter port through normal tissue to targeted tissues. The stylet is shaped to facilitate easy passage through tissue. It can be a solid wire, thin rod, or other solid shape or it can be a thin hollow tube or other shape having a longitudinal lumen for introducing fluids to or removing materials from a site. The stylet can also be a thin hollow tube or other hollow shape, the hollow lumen thereof containing a reinforcing or functional rod or tube such as

a laser fiber optic. The stylet preferably has a sharpened end to reduce resistance and trauma when it is pushed through tissue to a target site.

The stylet can be designed to provide a variety of medically desired treatments of a selected tissue. As a radiofrequency electrode or microwave antenna, it can be used to ablate or destroy targeted tissues. As a hollow tube, it can be used to deliver a treatment fluid such as a liquid to targeted tissues. The liquid can be a simple solution or a suspension of solids, for example, colloidal particles, in a liquid. Since the stylet is very thin, it can be directed from the catheter through intervening normal tissue with a minimum of trauma to the normal tissue.

The device and method of this invention provide a more precise, controlled medical treatment which is suitable for destroying cells of medically targeted tissues throughout the body, both within and external to body organs. The device and method are particularly useful for treating benign prostate hyperplasia (BPH), and the device and its use are hereinafter described with respect to BPH, for purposes of simplifying the description thereof. It will be readily apparent to a person skilled in the art that the device and method can be used to destroy body tissues in any body cavities or tissue locations that are accessible by percutaneous or endoscopic catheters, and is not limited to the prostate. Application of the device and method in all of these organs and tissues are intended to be included within the scope of this invention.

BPH is a condition which arises from the replication and growth of cells in the prostate and the decrease of cell death rate, forming glandular and stromal nodules which expand the prostate and constrict the opening of the prostatic urethra. Glandular nodules are primarily concentrated within the transition zone, and stromal nodules within the periurethral region. Traditional treatments of this condition have included surgical removal of the entire prostate gland, digital removal of the adenoma, as well as transurethral resection of the urethral canal and prostate to remove tissue and widen the passageway. One significant and serious complication associated with these procedures is iatrogenic sterility. More recently, laser treatment has been employed to remove tissue, limiting bleeding and loss of body fluids. Balloons have also been expanded within the urethra to enlarge its diameter, with and without heat, but have been found to have significant limitations.

Microwave therapy has been utilized with some success by positioning a microwave antenna within the prostatic urethra and generating heat in the tissue surrounding the urethra with an electromagnetic field. Coolants are sometimes applied within the catheter shaft to reduce the temperature of the urethral wall. This necessitates complicated mechanisms to provide both cooling of the immediately adjacent tissues while generating heat in the more distant pro-

static tissue. This technique is similar to microwave hyperthermia. Similarly, radiofrequency tissue ablation with electrodes positioned within the urethra exposes the urethral wall to destructive temperatures. To avoid this, low temperature settings required to protect the urethra must be so low that the treatment time required to produce any useful effect is unduly extended, e.g. up to three hours of energy application.

One embodiment of the device of this invention uses the urethra to access the prostate and positions RF electrode stylets directly into the tissues to be destroyed. The portion of the stylet conductor extending from the urethra to targeted tissues is enclosed within a longitudinally adjustable sleeve shield which prevents exposure of the tissue adjacent to the sleeve to the RF current. The sleeve movement is also used to control the amount of energy per unit surface area which is delivered by controlling the amount of electrode exposed. Thus the ablative destruction is confined to the tissues targeted for destruction, namely those causing the constriction. Other aspects of the invention will become apparent from the drawings and accompanying descriptions of the device and method of this invention. It will be readily apparent to a person skilled in the art that this procedure can be used in many areas of the body for percutaneous approaches and approaches through body orifices.

Fig. 1 is an isometric view of an RF ablation catheter embodiment of this invention with a fiber optic viewing accessory. The flexible catheter 2, attached to handle 4, has a terminal stylet guide 6 with two stylets 8. The handle has stylet sleeve tabs 10 and 11 and electrode tabs 12 and 13 as will be described in greater detail hereinafter. The handle 4 is also connected to an optical viewing assembly 14 and RF power connector 16, transponder connector 18 and thermocouple connectors 20. The portions of the catheter 2 leading from the handle 4 to the stylet guide tip 6 can optionally have a graduated stiffness. For example, the catheter can be designed to be more stiff near the handle and more flexible near the tip, or any other stiffness profiles. The catheter can be constructed of an inner slotted stainless steel tube with outer flexible sleeve such as is described in copending application Serial No. 790,648 filed August 11, 1991 (corresponding to published Australian patent application Serial No. 9210858), the entire contents of which are incorporated herein by reference. It can also be made of coiled or braided wire to which an outer sleeve is bonded.

The fiber optic viewing assembly in this embodiment includes a lens focusing assembly 22, a lens viewing assembly support connector 24 assembly attached to a male quick disconnect connector 26 by flexible tubing 28.

Fig. 2 is a cross-sectional view of a catheter of Fig. 1 showing details of the stylet guide housing. The stylet guide housing 6 has a curved passageway 28

through which the stylet 8 is extended into the tissue to be treated. Further details of these components are described in copending applications Serial No. 08/012,370 filed February 2, 1993, and application Attorney Docket No. 5254-015-37 CIP entitled MEDICAL PROBE DEVICE WITH OPTIC VIEWING CAPABILITY filed May 13, 1993.

Fig. 3 is a side view of the stylet and lumen assembly of this invention. The key components of the stylet of this embodiment are an insulating sleeve 30 and an electrode 32 extending therethrough. The electrode 32 has a sharpened tip, in this embodiment a broadened spear tip. The proximal end of the electrode and sleeve are connected by respective sleeve connector 334 and electrode connector 336 to handle sleeve and electrode slides described in greater detail hereinafter with respect to Figs. 10 and 13. An electrode support tube 36 extends from the electrode connector 336 to the area 38 of the sleeve connector 334 to transmit compressive pressure without collapsing the electrode 32. An insulating sleeve support tube 40 made of shrink tubing extends from the sleeve connector 334 to the beginning or proximal end 42 of the outer tubing 44. Tubing 44 joins the support tubing to the control tube 46. The control tube 46 supporting both the electrode and insulating sleeve extends to the junction 48 (see Fig. 4) of the electrode lumen passageway 50 and the electrode 32. In this manner, support is provided over the length of the stylet extending from the handle to the trilumen tip, preventing collapse or loss of linearity of the highly flexible electrode when it is pushed through the stylet guide housing.

Fig. 4 is a cross-sectional side view of the junction of the stylet and control tube assembly taken along the central axis of the tubing, and Fig. 5 is a cross-sectional view of the junction of the stylet and control tube assembly taken along the line B-B of Fig. 4. At the junction 48, the electrode 32 extends through the upper electrode lumen wall 62 and enters the electrode lumen 50. The outer tubing 52 encloses and supports both the distal ends of the control tubing 46 and trilumen sleeve tube 54.

Referring to Fig. 5, the space 56 between the control tube 46 and the trilumen 56 can be filled with adhesive to secure them together. The trilumen includes an electrode lumen 50, a temperature sensor lumen 58 and a fluid supply lumen 60 for supply of optional fluids such as antibiotics or anesthetics to the area of treatment.

Fig. 6 is a cross-sectional view of a trilumen stylet of this invention taken along the line A-A in Fig. 3. The trilumen sleeve 30 is an insulating sleeve for the electrode 32 and includes the additional temperature sensor lumen 58 and liquid supply lumen 60. The inner surface of the electrode lumina can be spaced from the outer surface of the electrode by a distance "h" which can be, for example, from about 1 to 3 mm to

define an additional liquid supply conduit with an approximate annular cross-section.

Fig. 7 is a cross-sectional side view of the trilu-  
men stylet tip shown in Fig. 6 taken along the line C-  
C. The terminal end of the temperature sensor lumen  
58 is sealed to protect the electrical components. Ther-  
mocouple 64 is placed at the distal end of the sleeve  
30 to monitor the temperature of the tissue  
surrounding the electrode 32 and is preferably less  
than about 1 mm from the exposed electrode. Ther-  
mocouple 66 is placed at least about 3 mm and pre-  
ferably from about 3 to 6 mm from the tip of sleeve 30  
to monitor the temperature of the duct wall (such as  
the urethra) through which the stylet is extended. This  
is provided to insure the duct wall temperature does  
not reach destructive levels when the RF treatment  
of tissue surrounding the extended electrode is under-  
way.

Fig. 8 is a plane view of the annular groove em-  
bodiment of the current density focusing electrode of  
this invention. In this embodiment, the electrode is  
ground to a single current focusing sharp tip 68 with-  
out secondary corner or other sharp edges which  
could also focus or crowd current. Additional current  
focusing can be provided along the electrode surface  
by the annular grooves 70 and 72. The temperature  
of the tissue surrounding the electrode initially in-  
crease in initial zones 74, 76 and 78. The elevated  
temperature zone then extends to two intermediate  
zones 80 and 82, as the zones from the grooves  
merge. Thereafter all of the elevated temperature  
zones merge to form the single oval zone lesion 84.  
Use of these current focusing grooves 70 and 72 pro-  
duces a more symmetrical lesion.

Fig. 9 is a plane view of the spiral groove embodi-  
ment of the current density focusing electrode of this  
invention. In this embodiment, the electrode is also  
ground to a single current focusing sharp tip 86 with-  
out secondary sharp corners or edges which could  
also focus or crowd current. Additional current focus-  
ing can be provided along the electrode surface by at  
least one spiral or helical groove 88. The temperature  
of the tissue surrounding the electrode initially in-  
crease in the initial tip zone 90 and a spiral zone 92.  
The elevated temperature zone then extends to two  
intermediate zones 94 and 96, as the spiral zone 92  
merges to form a single zone 96. Thereafter all of the  
elevated temperature zones merge to form the single  
oval zone lesion 98. Use of the spiral focusing groove  
88 provides a more symmetrical lesion.

Fig. 10 is an exploded view of the RF ablation  
catheter assembly shown in Fig. 1. The upper handle  
plate 276 has two central slots 278 and 280 through  
which the electrode control slides 10 are attached to  
respective left electrode slide block 282 and right  
electrode slide block 284. Sleeve control slides 12 are  
attached through outer slots 286 and 288 to respec-  
tive left sleeve slide block 290 and right sleeve slide

block 292. Fiber optic receptor housing 30 is mounted  
on the proximal surface of the upper handle plate 276.  
The electrical receptor 294 is received in respective  
cavities 296 and 298 in the upper handle plate 276  
and lower handle plate 300 attached thereto. The low-  
er handle plate 300 has a central cavity 302 which ac-  
commodates the electrode and sleeve slide blocks  
and associated elements.

Microswitch activator blocks 304 (only left sleeve  
block shown) are connected to the sleeve slide blocks  
290 and 292. They are positioned to actuate the mi-  
croswitches 306 when the respective sleeve block  
(and sleeve attached thereto) have been advanced.  
The microswitches 306 hold the respective RF power  
circuits open until the respective sleeves are ad-  
vanced to a position beyond the urethra wall and into  
the prostate to prevent direct exposure of the urethra  
to the energized RF electrodes. Extension of the  
sleeve 5 mm beyond the guide is usually sufficient to  
protect the urethra.

The tension-torque tube assembly 308 is mount-  
ed in the distal end of the housing in the receptor 310.

Fig. 11 is an isometric view of the adjuster block  
and tension tube assembly 308 of the RF ablation  
catheter shown in Fig. 10. The torque tube 312 ex-  
tends from the torque coupler 314 through the twist  
control knob 316 to the stylet guide 6. Bending flexure  
of the torque tube 312 during use lengthens the path  
from the handle to the guide tip 6. To prevent a result-  
ing retraction of the stylet sleeve and electrode com-  
ponents when the torque tube 312 is flexed, a tension  
tube 318 having a fixed length and diameter smaller  
than the inner diameter of the torque tube 312 is pro-  
vided. The distal end of the tension tube 318 is se-  
curely attached to the stylet guide 6, and the proximal  
end 320 is secured to the adjuster block 322, for ex-  
ample by an adhesive. The axial position of the adjust-  
er block 322 can be adjusted to insure the stylets are  
initially positioned just inside the outlet ports in the  
stylet guide 6. Torque coupler 314 is mounted on the  
coupler block 324. Twist control knob stop pin 326 ex-  
tends into a groove (not shown) and limits rotation of  
the control knob 316.

Fig. 12 is a detailed view "A" of the distal end ten-  
sion tube connections of the tension tube shown in  
Fig. 11. The tension tube 318 is securely connected  
to the proximal end 328 of the stylet guide 6, for ex-  
ample by a length of shrink tubing 330.

Fig. 13 is an exploded view of the sleeve and  
electrode slide block assembly of the embodiment  
shown in Fig. 10. The right sleeve slide block 292 has  
a projection 332 which extends inward under the right  
electrode slide block 284. Right sleeve connector 334  
is mounted to the inner end of the projection 332, se-  
cured to the end of the proximal end of the sleeve 336.  
Right electrode connector 338 is attached to an inner  
surface of the electrode slide block 284 and is se-  
cured to the proximal end of electrode 340. The right

sleeve and electrode slide blocks 292 and 284 are slidably attached to the right friction adjustment rail 342 by screws (not shown) through slots 344 and 346, the screws being adjustable to provide sufficient friction between the blocks and the rail 342 to provide secure control over the stylet movement. The left sleeve slide block 290 and left electrode slide block 282 are mirror replicas of the right blocks and are similarly mounted on the left friction rail 344. The left sleeve and electrodes are not shown.

Although preferred embodiments of the subject invention have been described in some detail, it is understood that obvious variations can be made without departing from the spirit and the scope of the invention as defined by the appended claims.

### Claims

1. A medical probe device comprising a catheter having a control end and a probe end, the probe end including a stylet guide housing having at least one stylet port and stylet guide means for directing a flexible stylet outward through each stylet port and through intervening tissue to targeted tissues, a stylet positioned in at least one of said stylet guide means, the stylet comprising a non-conductive sleeve having an electrode lumen and a second lumen therein, the electrode lumen terminating at a distal port in the distal end of the non-conductive sleeve, a radiofrequency electrode being positioned in said electrode lumen for longitudinal movement therein through the distal port.
2. A medical probe device of Claim 1 wherein the radiofrequency electrode and at least one portion of an opposed surface of the electrode lumen and the electrode surface are spaced apart to define a liquid supply passageway for delivery of medicament liquid.
3. A medical probe device of Claim 1 or Claim 2 wherein the second lumen is a fluid supply lumen terminating at a distal port in the distal end of the non-conductive sleeve.
4. A medical probe device of Claim 1 or Claim 2 wherein the second lumen is a temperature sensor lumen terminating adjacent the distal end of the non-conductive sleeve, at least one temperature sensing device being positioned in the temperature sensor lumen.
5. A medical probe device of Claim 4 wherein the temperature sensing device is a thermocouple positioned near the distal end of the non-conductive sleeve, the electrical leads of which extend
6. A medical probe device of Claim 4 including two temperature sensing devices positioned in the temperature sensor lumen, one temperature sensing device being positioned within about 1 mm of the distal end of the non-conductive sleeve, and the second temperature sensing device being positioned at least about 3 mm from the distal end of the non-conductive sleeve.
7. A medical probe device of Claim 6 wherein the temperature sensing devices are thermocouples, the electrical leads of which extend through the second lumen.
8. A medical probe device of Claim 1 wherein the non-conductive sleeve includes at least an electrode lumen, a temperature sensor lumen, and a fluid delivery lumen, the electrode lumen terminating at a distal port in the distal end of the non-conductive sleeve, a radiofrequency electrode being positioned in said electrode lumen for longitudinal movement therein through the distal port, the fluid delivery lumen terminating at a distal port in the distal end of the non-conductive sleeve, and the temperature sensor lumen terminating adjacent the distal end of the non-conductive sleeve, at least one temperature sensing device positioned in the temperature sensor lumen.
9. A multi-luminar stylet for use in a medical probe device comprising a non-conductive sleeve including an electrode lumen, a fluid delivery lumen and a temperature sensor lumen, the electrode lumen terminating at a distal port in the distal end of the non-conductive sleeve, a radiofrequency electrode being positioned in said electrode lumen for longitudinal movement therein through the distal port, the fluid delivery lumen terminating at a distal port in the distal end of the non-conductive sleeve, and the temperature sensor lumen terminating adjacent the distal end of the non-conductive sleeve, at least one temperature sensing device positioned in the temperature sensor lumen.
10. A multi-luminar stylet of Claim 9 wherein the radiofrequency electrode surface and at least one portion of an opposed surface of the electrode lumen are spaced apart to define a liquid supply passageway for delivery of medicament liquid.
11. A multi-luminar stylet of Claim 9 wherein the temperature sensing device is a thermocouple positioned near the distal end of the non-conductive sleeve, the electrical leads of which extend

through the temperature sensor lumen.

12. A multi-luminarstylelet of Claim 11 including two temperature sensing devices positioned in the second lumen, one temperature sensing device being positioned within about 1 mm of the distal end of the non-conductive sleeve, and the second temperature sensing device being positioned at least about 3 mm from the distal end of the non-conductive sleeve.
  - 5
  - 10
13. A multi-luminarstylelet of Claim 12 wherein the temperature sensing devices are thermocouples, the electrical leads of which extend through the second lumen.
  - 15
14. A medical probe device comprising a catheter having a control end and a probe end, the probe end including a stylet guide housing having at a stylet port and stylet guide means for directing a flexible stylet outward through the stylet port and through intervening tissue to targeted tissues, a stylet positioned in at least one of said stylet guide means, the stylet comprising an electrical conductor enclosed within a non-conductive sleeve, the electrode having a distal length with at least one current focusing groove thereon and a distal tip shaped to focus current on its terminal end, whereby Rf current passing therefrom into surrounding tissue forms a lesion extending outward from the groove and tip.
  - 20
  - 25
  - 30
15. A medical probe device of Claim 14 wherein the distal length has a plurality of annular focusing grooves thereon.
  - 35
16. A medical probe device of Claim 14 wherein the distal length has a spiral focusing groove thereon.
17. A medical probe device comprising a catheter having a control end and a probe end, the probe end including a stylet guide housing having at least one stylet port and stylet guide means for directing a flexible stylet outward through each stylet port and through intervening tissue to targeted tissues, a stylet positioned in at least one of said stylet guide means, the stylet comprising a non-conductive sleeve having an electrode lumen, the electrode lumen terminating at a distal port in the distal end of the non-conductive sleeve, a highly flexible radiofrequency electrode being positioned in said electrode lumen for longitudinal movement therein through the distal port, at least a part of the electrode being enclosed within a support tube having sufficient strength to maintain electrode linearity when the electrode is directed outward through the stylet port.
  - 40
  - 45
  - 50
  - 55



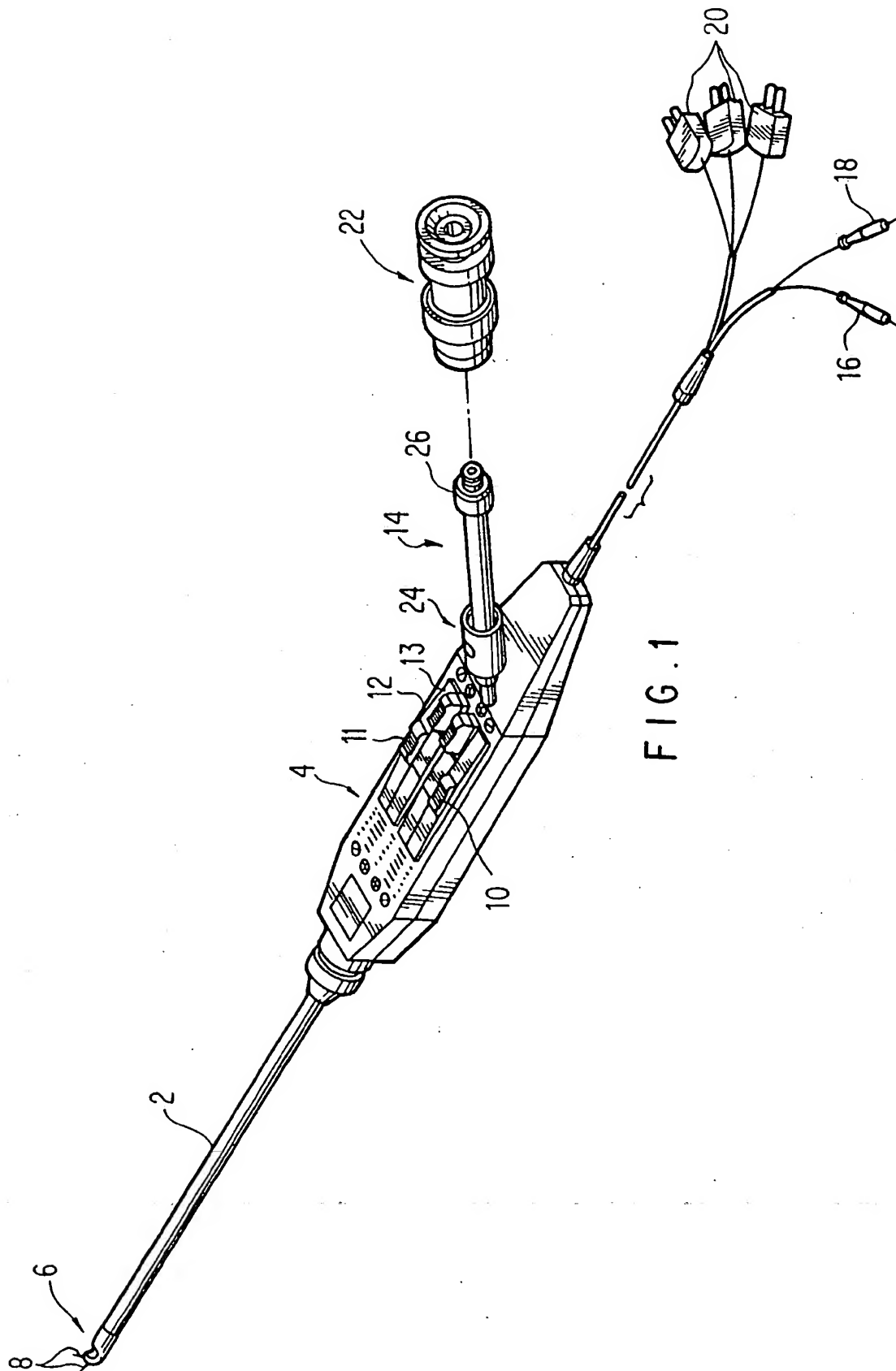


FIG. 1

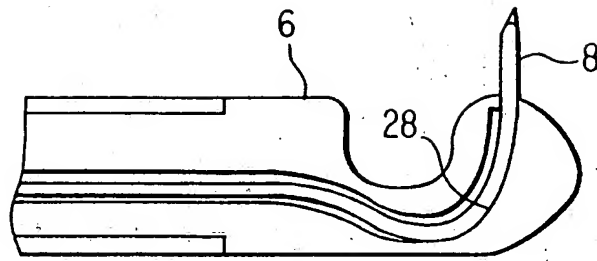


FIG. 2

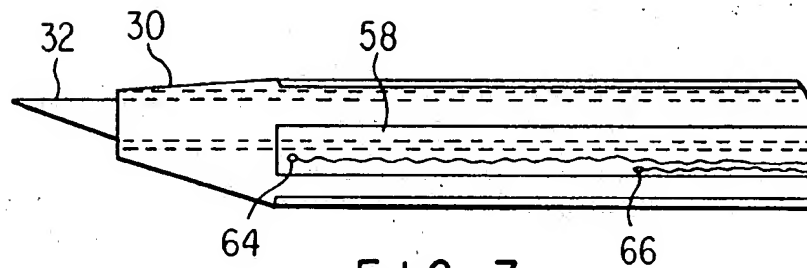


FIG. 7

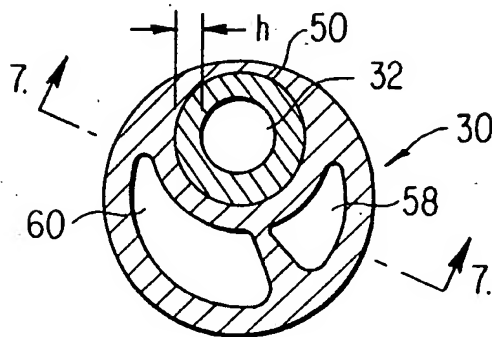


FIG. 6

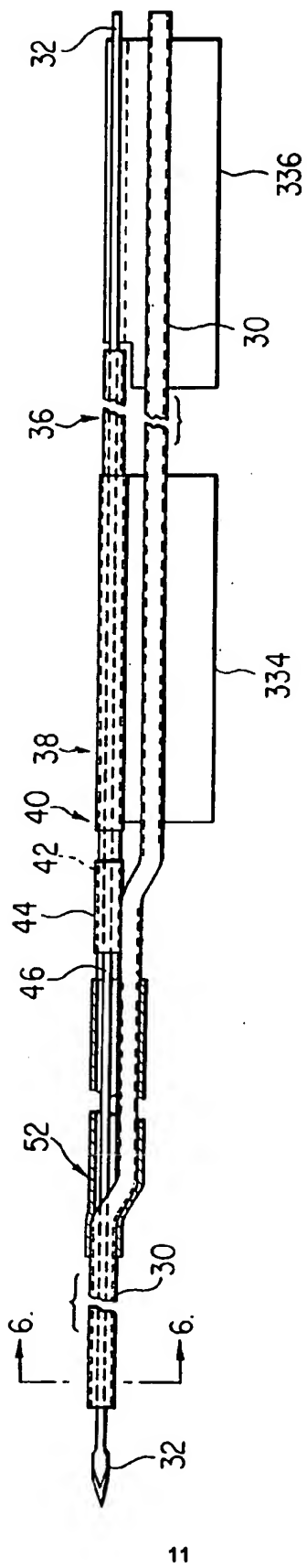


FIG. 3

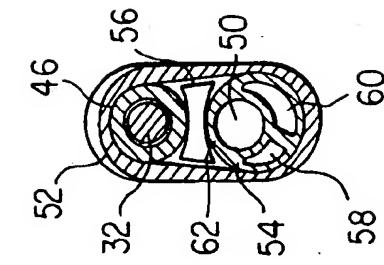


FIG. 5

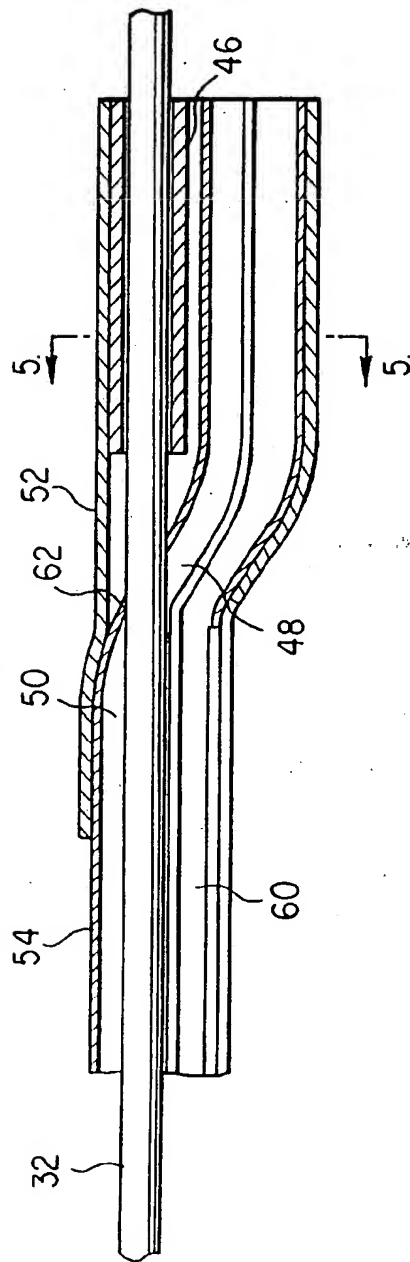


FIG. 4

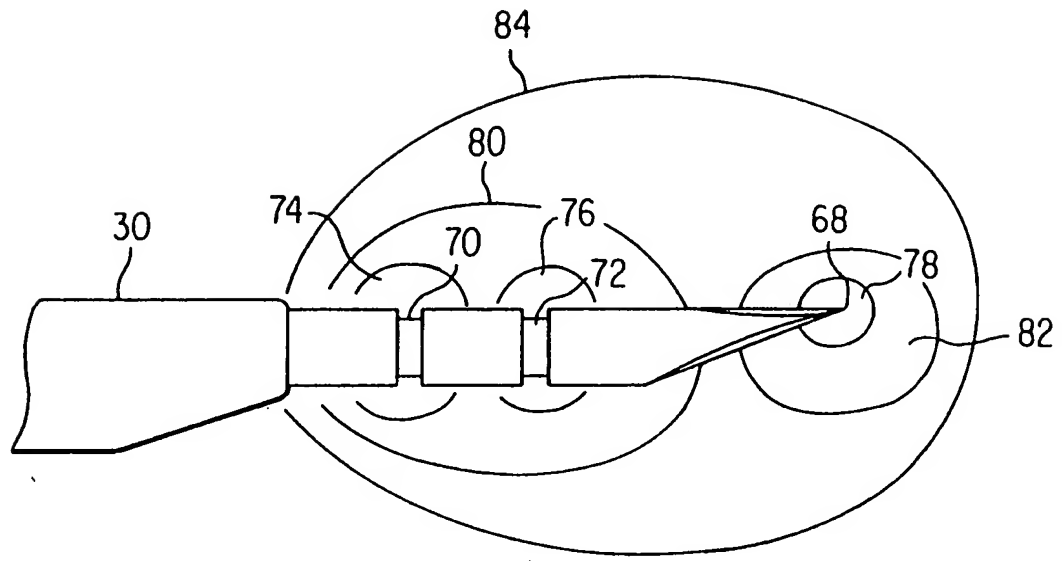


FIG. 8

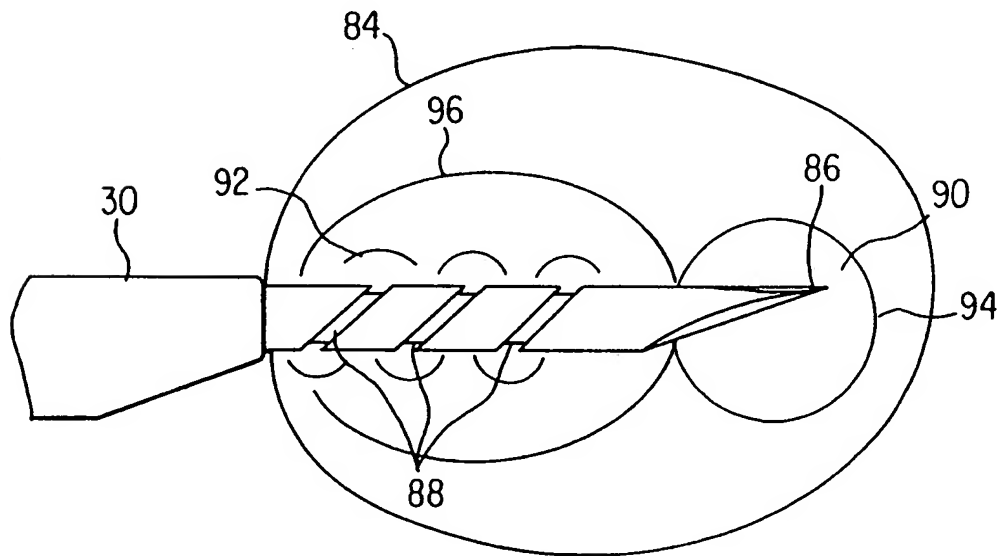


FIG. 9

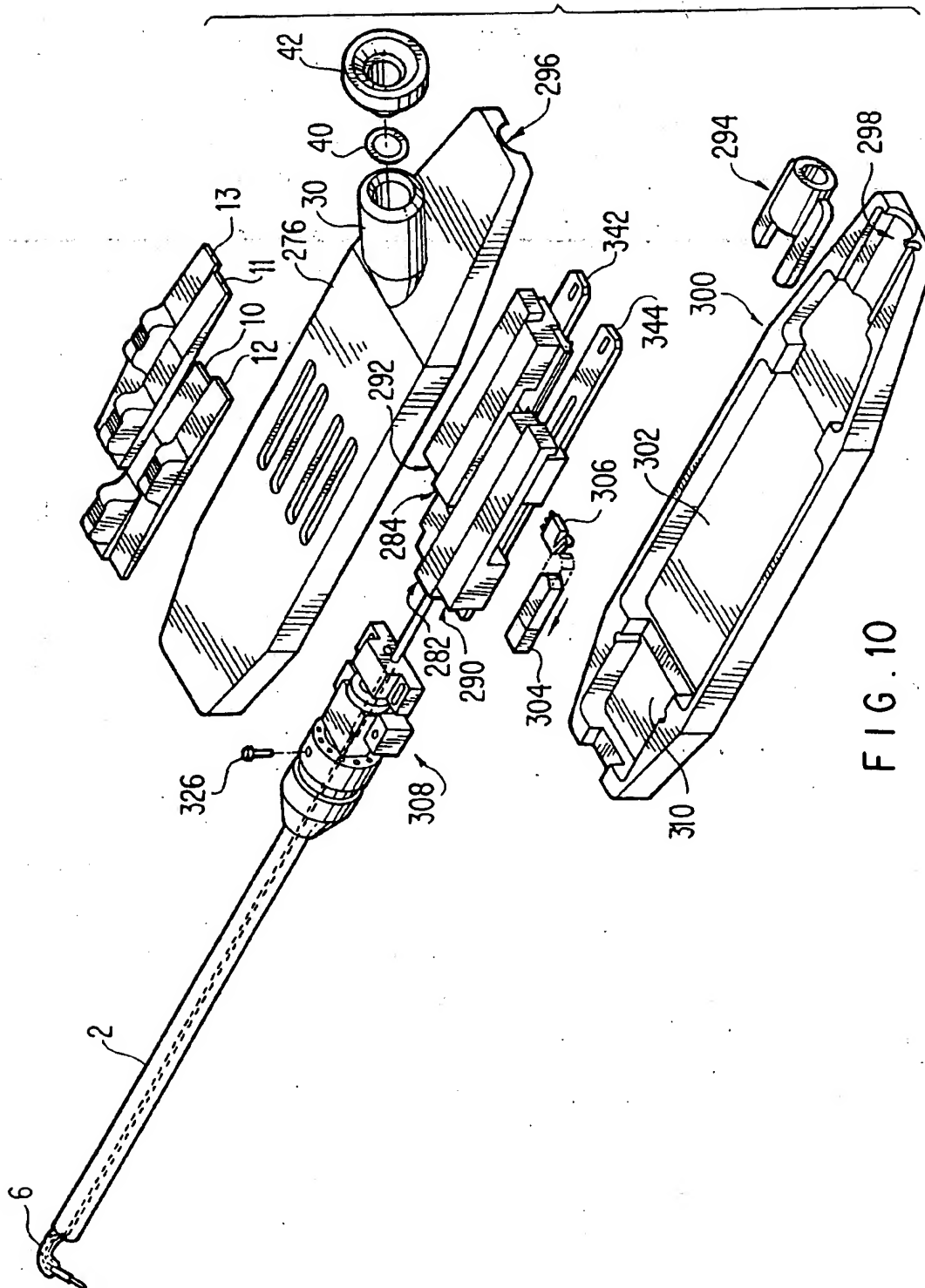


FIG. 10

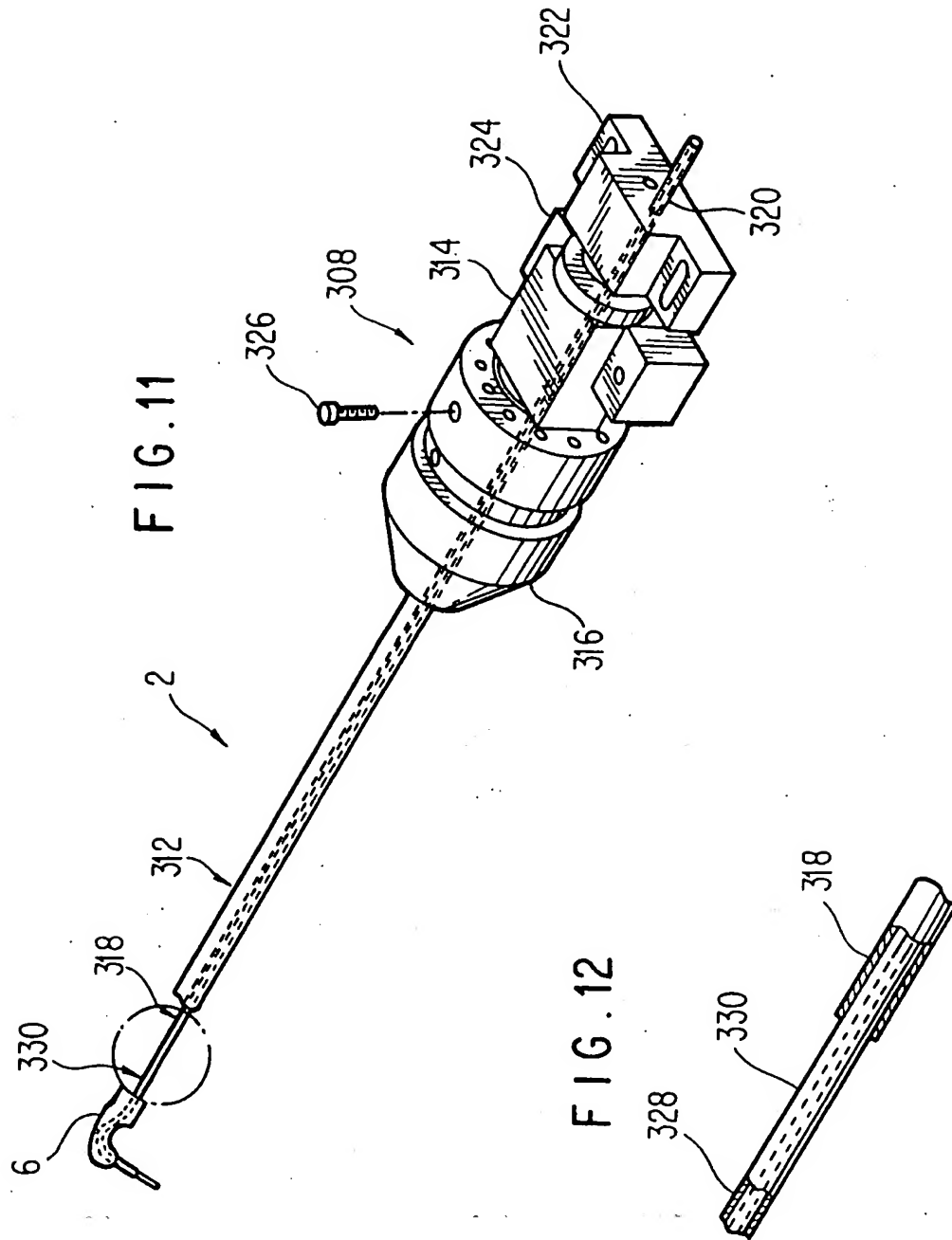
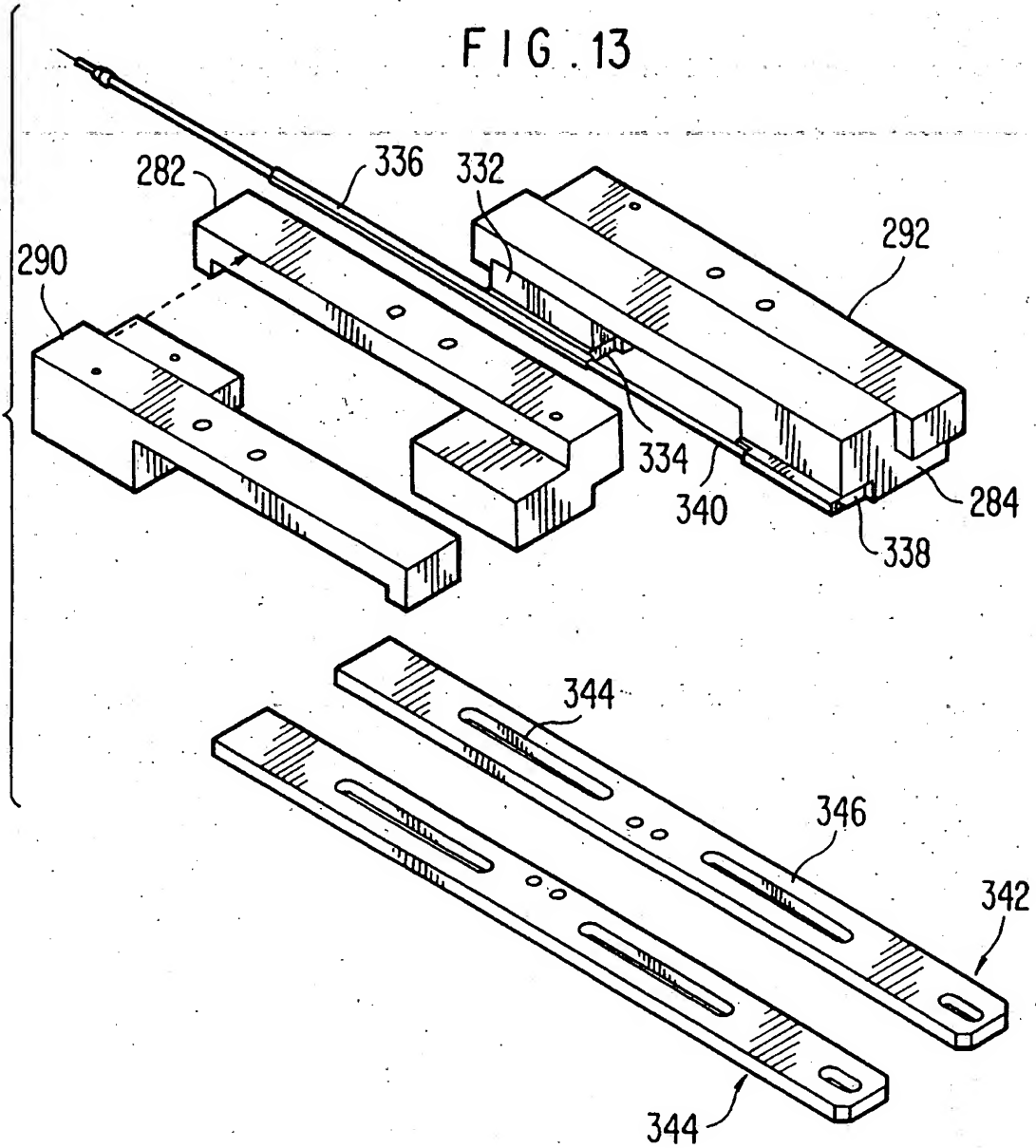
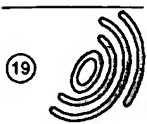


FIG. 13







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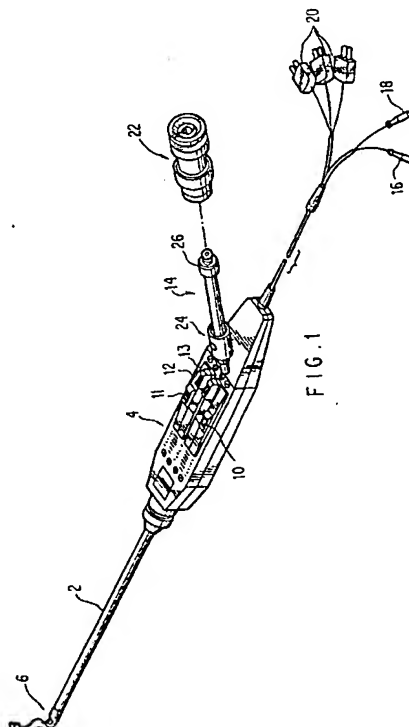
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(54) Medical probe.

(57) A medical probe device of this invention comprising a catheter having a control end and a probe end. The probe end includes a stylet guide housing having at least one stylet port and stylet guide means for directing a flexible stylet outward through at least one stylet port and through intervening tissue to targeted tissues. A stylet is positioned in at least one of said stylet guide means, the stylet comprising a non-conductive sleeve having a RF electrode lumen and an optional a fluid supply lumen and a temperature sensor lumen therein. At least one portion of an opposed surface of the electrode lumen and the electrode can be spaced apart to define a liquid supply passageway for delivery of medicament liquid. The RF electrode enclosed within the non-conductive sleeve has a distal length optionally having at least one current focusing groove means thereon and a distal tip shaped to focus current crowding on its terminal end, whereby RF current passing therefrom into surrounding tissue forms a lesion extending outward from the groove and tip. The focusing groove means can be a plurality of annular focusing grooves or a spiral focusing groove thereon.



EP 0 628 288 A3



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# EUROPEAN SEARCH REPORT

Application Number  
EP 94 30 3423

## DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.Cl.5)
A	US-A-5 122 138 (K MANWARING) * column 3, line 61 - column 4, line 31 * * column 5, line 20 - line 34 * * column 6, line 64 - column 7, line 1 * * figures 2-4 *	1,2	A61B17/39 A61B17/22
A	WO-A-92 10142 (PFIZER HOSPITAL PRODUCTS) * page 6, line 16 - line 30 * * page 8, line 15 - page 9, line 12 * * figures *	1-17	
A	US-A-5 007 908 (M RYDELL) * column 1, line 18 - line 22 * * column 1, line 36 - column 45 * * column 2, line 46 - line 55 * * figures *	1,2	
A	EP-A-0 219 216 (BARD INC.) * page 8, line 13 - page 10, line 5 * * figures *	1,3,4	
A	US-A-4 920 978 (D COLVIN) * column 3, line 7 - line 25 * * column 4, line 26 - line 37 * * figures 7-10 *	1	TECHNICAL FIELDS SEARCHED (Int.Cl.5) A61B
A	US-A-4 966 597 (E COSMAN) * column 1, line 61 - column 2, line 10 * * column 2, line 36 - line 44 * * figures 1,2 *	4-7,14, 15	
A	GB-A-618 528 (AMER.CYSTOSCOPE MAKERS INC) * page 4, line 34 - line 65 * * figures 1,8-10 *	14-16	
The present search report has been drawn up for all claims			
Place of search THE HAGUE		Date of completion of the search 16 November 1994	Examiner Vereecke, A
<p>CATEGORY OF CITED DOCUMENTS</p> <p>X : particularly relevant if taken alone  Y : particularly relevant if combined with another document of the same category  A : technological background  O : non-written disclosure  P : intermediate document</p> <p>T : theory or principle underlying the invention  E : earlier patent document, but published on, or after the filing date  D : document cited in the application  L : document cited for other reasons  &amp; : member of the same patent family, corresponding document</p>			

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